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DOI:

[10.1080/14616718.2012.681578](https://doi.org/10.1080/14616718.2012.681578)

*Citation for published version (Harvard):*

Christian, J, Clapham, D, Abrams, D & Thomas, D 2012, 'The Relationship Between WellBeing, Future Planning and Intentions to Utilise Intervention Programmes: What can Learned From Homeless Service Users?', *International Journal of Housing Research*, vol. 12, no. 2, pp. 159-182.  
<https://doi.org/10.1080/14616718.2012.681578>

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**To cite this article:** Julie Christian , David Clapham , Shemeica Thomas & Dominic Abrams (2012) The Relationship Between Well-Being, Future Planning and Intentions to Utilise Intervention Programmes: What Can Be Learned From Homeless Service Users?, International Journal of Housing Policy, 12:2, 159-182, DOI: [10.1080/14616718.2012.681578](https://doi.org/10.1080/14616718.2012.681578)

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# The Relationship Between Well-Being, Future Planning and Intentions to Utilise Intervention Programmes: What Can Be Learned From Homeless Service Users?

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**ABSTRACT** *There has been an increasing interest in the impact of individual well-being on the attitudes and actions of people receiving services designed to offer support. If well-being factors are important in the uptake and success of service programmes it is important that the nature of the relationships involved is understood by service designers and implementers. As a contribution to understanding, this paper examines the impact of well-being on the uptake of intervention programmes for homeless people. From the literature on well-being a number of factors are identified that contribute towards overall well-being, which include personal efficacy and identity, but also more directly well-being can be viewed as personal or group/collective esteem. The impact of these factors on service use is assessed by means of two studies of homelessness service users, comparing the implementation of two research tools: a shortened and a fuller one. The conclusions are that the factors identified are related to service use. The higher the collective esteem – esteem drawn from identification with services and their users and providers – and the less that they feel isolated, the more benefits that homeless people will perceive with service use, and in turn the more likely they are to be motivated to use services. However, the most important factors in explaining service use are a real sense that it is appropriate to accept social support from others, a rejection of the social identity as homeless but a cultivation of being valued as part of a non-homeless community, and a positive perception of the impact of the service.*

**KEY WORDS:** Homelessness, well-being, service uptake

## Introduction

There has been an increasing debate in social policy over the importance of well-being as an indicator of the success of societies (New Economics Foundation [NEF],

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ISSN 1461-6718 Print/1473-3269 Online 12/020159–24 © 2012 Taylor & Francis  
<http://dx.doi.org/10.1080/14616718.2012.681578>

2009). Furthermore, there has been growing interest in using the concept of well-being as a measure of the outcome and successes of individual public services and policies. For example, Clapham (2010), in a recent commentary, argues that the increase of individuals' well-being should be a major objective of state housing policies and, therefore, should be seen as a target for the outcome of individual intervention programmes. But, beyond this, the concept of well-being has additional application to the study of public programmes. Many programmes are voluntary, that is potential users have a 'choice' about whether to participate or not. An individual's perceived sense of personal well-being may influence the direction of this choice, as may an evaluation of the perceived benefits of participation on whether well-being is subsequently enhanced. In other words, homeless people may only choose to use service programmes if their well-being is high enough to give them the confidence and efficacy to do so, and if they perceive that their well-being will be improved through participation. However, because well-being has not been directly tapped within the context of homelessness and service provision, we are unclear about the relationships between enhanced well-being and, for example, diminishing feelings of depression or more general negative emotions that conceivably are linked to the underlying reasons why people may or may not feel empowered by the services that they use. If well-being factors are important in the motivation to use services and in their outcomes, it is crucial that policy-makers designing programmes and those implementing them and dealing on a day-to-day basis with homeless people understand the nature of the link and what they can do to influence this possibly complex relationship.

The aim of this paper is to explore the impact of well-being factors, while providing a comprehensive picture of the possible influential factors leading to and resulting from service use. The paper reports on two studies designed to shed more light on these key issues through investigating the use of voluntary intervention services by homeless people. An important issue in homelessness service provision is that some people do not avail themselves of the available services designed to help them out of homelessness. This paper explores the impact of well-being factors, as outlined above, on the use of such programmes. An important element of the discussion is a focus on the measurement of individual well-being. If the concept is to guide the actions of service providers, there needs to be a simple and accurate way of measuring it on an individual level.

To summarise, this paper begins with a brief discussion of the concept of well-being and its measurement. It is noted that the concept is difficult to define and tap, but that it is worth exploring in relation to service programmes. Then, we provide a description of the two studies reported here and their main findings. Finally, we present a discussion of the implications of the studies for the use of the concept of well-being in the specific example of housing services for homeless people and in general.

## **Well-being and Esteem**

The concept of well-being has been explored from a number of perspectives, including through the fields of economics, health inequalities and psychology. For example, within the field of economics Layard (2005) has employed the concept as an indicator of the success of a society instead of the usual wealth indicators. In the field of health inequalities, Wilkinson (2005) has highlighted the impact of well-being on the health of individuals and on patterns of health in different societies. There is also a tradition of using the concepts of happiness and well-being in social psychology and it is within this tradition that this paper is situated. The focus has been on moving beyond happiness as a momentary mood state to examine the psychological factors that impact on underlying well-being. For example, Ryff and Keyes (1995) see well-being as having seven elements: self-actualisation, autonomy, personal growth, self-acceptance, life purpose, mastery and positive relatedness. Elstad (1998) highlights the importance of self-efficacy or the notion of perceived personal control in generating well-being, meaning the more control one feels that he/she exercises over their decisions, even if these decisions appear chaotic to others, the higher the level of personal well-being. Likewise, Seligman (1992) has drawn attention to the 'learned helplessness' or the feeling of hopelessness, despair and depressions that can occur when a sense of control is absent from decision making. Layder (2004) argues that a feeling of being in control – one's sense of being able to make informed choices – helps to reduce uncertainty, and is an important building block for self-esteem. It can also be argued that this would also be an important building block for collective esteem, or the sense of connectedness and well-being that can be drawn from either a partnership or association with a wider social group (e.g. other Asian people, other housing researchers, other homeless people and so on).

But what is more difficult to ascertain is the role that identity plays in determining the extent to which one may or may not derive esteem and well-being from a group of friends, family members or other social occupation (Abrams & Hogg, 1990). In this context, conceivably, being homeless or using service intervention programmes may result in an internalised sense that one occupies a social role as 'homeless' or a 'service user'. Clapham (2005) has suggested that categories such as homelessness are imbued with a discourse that is negative and low-status, which means that people may internalise a negative self-identity through membership of this category. In turn, it is possible to conceive that this internalised notion then can be a source of esteem or perhaps reduce or inhibits one's ability to engage in other activities that might enhance the sense of self and esteem/well-being as a result.

From the review of the literature, it is clear that esteem increases with a greater sense of 'personal control'. Esteem is embedded in and becomes internalised into the core of the 'self' anchoring and guiding future perceptions, goals, norms and behaviours. Likewise, as perceived control decreases, and for example one experiences stigmatising events, they affect cognitive and emotional responses to decision

making. Following this logic, within the context of housing service interventions, it would be possible to suggest that a sense of control over personal decisions, effectively agency, would be internalised by service users over time. Therefore, the point of contact with the services is very important because the structure and responses of the organisations to their clients would have the ability to further a sense of well-being, resulting from the interactions, and this more generally could be generalised to other areas of life, thus increasing service users' self-esteem while also decreasing negative emotions.

Despite the fact that it has been much discussed, one of the major criticisms of the concept of well-being has been the perceived difficulty of definition and measurement (Johns & Ormerod, 2007). Unless these issues can be overcome, arguably well-being cannot be used as a practical guide to action by housing agencies. In the two studies presented in this paper the aims have been to identify and attempt to derive measures of well-being that impact on the use of outreach services by homeless people. To enhance our understanding of the ways in which well-being might interact with and affect other psycho-social factors facilitating the use of intervention programmes, we have also looked at well-being within the wider context of some of these factors, including the roles of efficacy, and more general measures of self-esteem.

To summarise, in this paper we sought to explore the role of personal efficacy, which directly relates to individuals' levels of perceived control over their environmental and situational constraints; and to examine how it links with well-being (i.e. through personal and collective esteem). In part, we would expect individuals' perceptions about their efficacy/control to be influenced by the benefits they see as linked to the programmes themselves. Alternatively, it would also be possible to argue that perceived service benefits might increase the likelihood of intentions to using programmes, and this could in fact be independent of efficacy or well-being (if there was a specific need the programme was seen as filling). Additionally, we were interested in the role of social identification. From the sociological and psychological literatures, we know that social identity itself reduces uncertainty and, in turn, it also increases a sense of personal control (Hogg, 2005). With the precarious nature of homelessness and housing instability, it could be argued that increased identification with services would in fact reduce uncertainty and increase a sense of personal control. However, the sense of belonging that is captured with identification could also be attached to specific groups of outreach workers, or other homeless people – not solely associated with the services themselves. Finally, 'intentions to use service' could also increase with one's sense of 'identity' (if linked to programmes or other people based at the programmes). This awareness of belonging could then translate into a sense of well-being, whether as a direct result of participation or as a result of establishing relationships with others who might be associated with these services.

Aside from the theoretical questions, we are interested in constructing a tool that would be as easy to use as possible; we started out looking at single items of each of

these, and explore practical implications that might lead to further develop of more robust assessment tools.

## **Methods**

### *Participants*

The participants were 45 homeless men ranging in age from 20 to 69 years ( $M = 40$ ,  $SD = 10.17$ ). In terms of demographic characteristics, they were predominantly: white British (67 per cent); reporting having had extended contact with support services (they had engaged with outreach services and were in receipt of housing/council tax benefits); living in hostel accommodation (50 per cent of the respondents had never lived 'rough'); and the majority had held jobs in the retail and/or domestic cleaning services industries (56 per cent), although 95 per cent of those sampled were not actively working at the time of data collection.

### **Recruiting Procedures**

A potential list of data collection sites was compiled using an annually published directory of services for homeless people (Webber & Wood, 2007). Service facilities were then contacted and, after gaining their agreement in principle, information concerning the study was distributed to them. After reviewing the materials, appointments were set for the research team to explain, in more detail, the study's procedures before facilities gave their final agreement.

Participants were recruited from homeless hostels (large and small homeless hostels, all serving men only), and a re-housing assistance group. Prior to the study commencing, the research team displayed posters, outlining details about the study's aims to increase potential participants' interest in the research project. Two strategies were used to recruit participants. Using the first strategy, a member of the research team approached homeless people in common areas located in the hostels, and asked if the potential participant(s) would be willing to take part in the research. Upon agreeing, homeless people were interviewed in an office/room on the hostel premises designated by the members of staff. By comparison, the second strategy was greatly linked to facilitation by the service staff. Here, service users who had frequent contact with members of staff were approached, and asked if they would take part in the research. After a meeting with the research staff, in which the study was explained, participants were interviewed by a member of the research team. As outlined by Christian and colleagues, the availability and willingness of participants played a role in successful recruitment (Christian & Armitage, 2002).

In terms of the attrition rate, we experienced an 82 per cent rate of participation from participants selected from hostels, and a 78 per cent rate of participation among participants selected from other drop-in facilities.

### Measures

Prior to constructing the structured interview measure, pilot interviews were conducted with 15 homeless men. The main aim of the interviews was to ensure ecological validity of the topic items covered in the interview measure. Feedback from the pilot study demonstrated that one of the questions was too long, so we reduced the number of items tapping the intention construct. The structured schedule consisted of the following items:

*Behavioural Intention.* Behavioural intention was measured with a single item that read: 'Are you likely to use this service in the next 4 weeks?' (scored 1 = *not at all* through to 5 = *very much*).

*Attitude.* Participants were presented with the statement: 'Do you think using this service in the next 4 weeks would be bad/good?' (scored 1 = *strongly disagree* through to 5 = *strongly agree*).

*Subjective Norm.* Participants were asked if they felt that people important to them influenced their decisions to participate in service programmes. Both referent beliefs and motivation to comply were assessed. For example, 'those who are important to me think that I should use a service programme in the next four weeks' (referent belief); and 'by using a service programme in the next four weeks I want to do what pleases those who are important to me' (motivation to comply) (scored 1 = *strongly disagree* through to 5 = *strongly agree*).

*Perceived Behavioural Control.* Perceived behavioural control was tapped by asking: 'Would it be easy for you to use a service over the next four weeks?' (scored 1 = *not at all* through to 5 = *very much*).

*Prior Behaviour.* Prior behaviour was measured using the item, 'How often do you use housing service(s)?' (scored 1 = *rarely – less than one day a week* through to 5 = *constantly – seven days a week*).

*Social Identity as Homeless.* One item measured identification as a homeless person: 'Do you identify with other homeless people?' (scored 1 = *not at all* through to 5 = *very much*).

*Social Identity as a Service User.* A single item assessed the extent to which participants identified themselves with other service users taking part in the intervention programme(s). Participants were asked, 'Would you say that using these services is an important part of who you are?' (scored 1 = *not at all important* through to 5 = *very important*).

*Collective Self-esteem as Homeless.* Adapted from Luhtanen and Crocker's (1992), collective self-esteem scale, three items were used to assess participants' perceived esteem that might be drawn from the extent to which they are able to share a sense of identity with other homeless people (e.g. 'Is your group of homeless friends an important part of who you are?') Question items were scored 1 (*not at all*) to 7 (*very much*). Unlike the other items in the schedule, multiple items were used. Therefore, the mean of the three items was taken as a measure of 'collective self-esteem', with



the high score indicating a great degree of esteem derived from relationships or associations with homeless people ( $\alpha = .66$ ).<sup>1</sup>

*Collective Self-esteem as a Service User.* Again, adapted from Luhtanen and Crocker's (1992) collective self-esteem scale, three items were used to assess a sense of self-esteem that might be linked to the use of services, or the sense of 'valuedness' as an individual that might be seen as connected to service contexts and interactions (e.g. having friendships with others from this service, and others I attend, is seen as good – a bonus – by other homeless people who also use the service). Items were scored as 1 = *not at all good* through to 7 = *very good*. Here, likewise, the mean of the three items was taken as a measure of collective self-esteem derived from service use, with a high score indicating a great degree of esteem drawn from this social interaction ( $\alpha = .67$ ).

*Personal Self-esteem.* A shortened version of the Rosenberg self-esteem scale (1965) was also used to assess personal self-esteem. This differs from the collective esteem measures outlined above because it is a more generalised way in which to tap esteem that might be drawn from personal activities and daily living. All five of the negative items from the Rosenberg self-esteem scale were used to ensure a valid measure of negative esteem. All items were scored 1 (*yes/all the time*) to 5 (*no/never*). The mean of the five items was taken as a measure of personal self-esteem with a mid-point score indicating a moderate degree of personal self-esteem amongst participants ( $\alpha = .71$ ).

*Socio-demographic Characteristics.* Participants' age, ethnicity, length of service use with the service they were sampled from, and history of homelessness and service use more generally were gathered using open-ended question items.

## Administration

Participants were told that their responses would remain confidential and their participation in the study would not affect their future use of services. Consistent with the literature, structured interview measures were administered verbally and on a one-to-one basis, minimising the effect of illiteracy on rates of participation (Christian & Armitage, 2002). In all, the measures took approximately 40 minutes to complete.

## Results of Analysis

There is a number of issues that can alter the ways in which one seeks to answer research questions from a dataset such as the one we collected. If we are to pool the responses from all of the participants, we first need to ensure that there are not significant differences between the response patterns, as a result of the number of data collection locations. If there are, then it is likely that there are major differences in the way in which the services are offered to the people, and the data should be explored separately for each location. On the other hand, if there are not substantial

differences, then the data can be pooled and analysed together, thereby increasing the analytical power and potential generalisability of the outcomes.

To explore whether the data collection locations were influencing the responses of the participants, we conducted a one-way analysis of variance (ANOVA). Likewise, we also tested to see if differences in types of homelessness experienced (homeless histories) altered the range of responses the people provided. We looked at coded responses to key study variables across the four data collection sites, these being: a large hostel in Birmingham city centre ( $N = 15$ ), a small hostel in Birmingham city centre ( $N = 9$ ), a second small-mid-sized hostel located in Birmingham city centre ( $N = 10$ ), and drop-in/day service in Birmingham city centre ( $N = 9$ ). (We were unable to analyse data from two of our participants.) The results illustrate that there were some differences in the extent to which the participants identified themselves as service users,  $F(3, 39) = 3.77, p < 0.05$ , with statistically significant findings between the participants from two small/mid-sized hostels. At one of the small/mid-sized hostels, the service users viewed themselves as 'service users', whereas at the other hostel of the same size, the people did not 'categorise' themselves as service users and reported a greater sense of belonging. This sense of belonging, however, did not translate into well-being, with all participants from all other services reporting a much higher level of well-being than those from sampled from this programme  $F(3, 39) = 4.78, p < 0.01$  [five cases dropped from the analysis owing to missing data].

Another factor we thought might influence the way in which people saw their service-use experiences was whether they were presently sleeping 'rough'. For example, we might expect street homelessness to result in increased service utilisation, because the increase in vulnerability might motivate greater use of emergency services (Randall & Brown, 1996). But, there is no consensus as to whether this increased use out of necessity would result in feelings of better well-being. It might; but it might also be possible to argue that having more control over one's circumstances, and thus over one's use of interventions, actually increases the sense of well-being connected to programme engagement. To examine this, we used a t-test and compared the response patterns of those who had experienced 'street' homelessness recently/presently ( $N = 19$ ) with those who reported having no history of 'street' homelessness ( $N = 24$ ). Interestingly, however, there were *no* differences in well-being scores for the two groups (mean for those whom had experienced homelessness = 4.20; mean for those whom had not = 5.05;  $t(41, 40.51) = 1.02, p = \text{n.s.}$ ).

While there were some distinctions between, for example, participants' responses on the basis of data collection site, generally speaking, the data were deemed sufficiently similar (on the basis of the ANOVA and t-test results) to pool it for analyses.

### *Well-Being, Intentions, Attitudes, Perceived Control and Normative Identification*

As a first step, using SPSS version 16, we averaged participants' responses to the 'standardised' items. To help with this process, we present the *means* (i.e. average

response of each participant), *standard deviations* (i.e. range of views expressed by the participants), and *inter-correlations* (i.e. relationship of one key variable to another) for study variables in Table 1. As shown in Table 1, there is a negative relationship between *norms* (i.e. desire to engage in service use when weighted by desire to want to associate with and please people important to the individual) and *personal self-esteem* (i.e. meaning that the more participants 'anchor' their perceptions of service use to 'themselves'), meaning the less that service participation is based in a desire to please others, the more positively homeless people feel about themselves.

Touching briefly on some of the other patterns emerging from the Pearson-product correlational analysis, people's *intentions* to engage with services is significantly related to both attitudes (i.e. people's positive and/or negative evaluations of services) and their *perceptions of the amount of efficacy* they have in determining whether they engage (i.e. perceived control over their own service use), such that the more positive the evaluation of the intervention and the more control the homeless men feel they have, the greater the intention to use these programmes. But, interestingly, there were relatively few statistically significant relationships between norms (beliefs of the homeless men sample weighted by motivation to 'please' service staff through their use) and other key study variables. The exceptions to this were negative relationships between 'social identification' and norms, and also between prior service use and norms. From the findings we see an emphasis placed on the evaluation of the benefits of the programme by the men, which appears to be seen quite separately to the relationships that they form with programme staff, such that increases in perceived programme benefits do not lead to friendship-type attachments with workers.

Concerning the role of well-being and service-use histories, prior service engagement correlates with a greater sense of collective esteem – a notion of belonging/value gained from being a part of a 'community' and community achievement – so the programmes are successfully creating a sense of community. However, more experience with interventions of various types, is having a negative influence on the men's personal esteem (i.e. the sense of value gained from feeling a sense of *personal* achievement). The caveat is that we have not controlled for 'good and bad' experiences, but rather frequency of the 'average' experience across the types of services used by the participants. It certainly is possible to argue that more interactions mean more of a chance to experience negative interactions, but extremes are not the issue here. Rather, the findings show that more interactions over time result in a diminishing sense of personal achievement, but almost simultaneously increase an esteem that is linked to their identity with the wider homeless community. This dynamic could potentially make it much more difficult for the men to transition into activities required for successful mainstream living – unless provisions are built in to carefully balance esteem needs and aid this in practice. It is possible that what we are seeing here is a version of institutionalisation. The more homeless people use services, the more negative they feel about their ability to carry off identities other than homelessness, and the more difficult it makes for them to partake in mainstream life. They retain a

**Table 1.** Descriptive statistics and intercorrelations for key study variables ( $N = 41$ ): Study 1.

Variable	Mean	Std. Dev	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Intentions	4.63	1.09	–												
2. Attitudes	4.21	1.39	.43**	–											
3. Norms	1.19	1.64	.07	.00	–										
4. Perceived control: service-use efficacy	4.53	1.30	.68**	.64**	–.00	–									
5. Prior behaviour	4.79	0.51	.03	–.10	.05	–.01	–								
6. Identity: homeless	3.65	1.89	–.06	–.20	.01	–.26	–.00	–							
7. Identity: service User u	3.51	1.96	.00	.12	.09	.17	.06	.06	–						
8. Collective esteem: homelessness	4.67	1.88	–.12	–.06	–.06	–.12	.51**	–.06	.29	–					
9. Collective esteem: service user	5.49	1.45	.00	.18	.18	.12	.40**	–.05	.36*	.20	–				
10. Personal esteem: self	3.06	1.27	.07	.02	–.31*	–.03	–.35*	.14	–.04	–.29	–.26	–			
14. Service use			.14	.06	–.08	.11	–.20	.15	.05	–.07	–.39**	.11	–		
12. Age	39.98	10.17	–.25	–.18	–.04	–.19	.11	–.04	–.08	.10	–.02	.25	.01	–	
13. Ethnicity4	33%	67%	.22	.11	–.04	.21	–.09	–.08	–.12	–.23	–.04	.29	.12	.24	–
Non-White															
British															
White															
British															

Notes:  
1  $p < .05$ ; \*\* .01.  
2 Coded on a 7-point scale, but standardised for fuller analyses.  
3 Binary coded: No = 0, Yes = 1.

sense of self-esteem through the homeless identity. If this is correct, then it throws up an important challenge for service providers: How can they build self-esteem without resorting to the homeless identity?

In general, the picture emerging is that the relationship between homeless people's evaluations of service programmes and their well-being is a fairly complex one. Nonetheless, it is possible to create a short tool that reliably gauges perceptions of use; and, as part of this process, taps well-being that might result both from interactions with services and with the wider community. We will discuss these findings in detail alongside those from Study 2 in our General Discussion Section.

### *Study 2*

Our first study demonstrates that a tool can be designed to assess perceptions of service utilisation, and that this same schedule can be used to shed light on well-being associated with service use. However, a number of unanswered questions remain about the tool's generalisability, both in terms of the sampling methods we used to create it, and also its application across service context (outreach, housing, employment training). That is, we designed the interview schedule to be used in the context of outreach services, but could the same tool, or an adapted one, be used – reliably – in the context of other services for homeless people? Let us consider the latter point first.

To tackle the question of application across settings, we must first determine whether all services are 'conceptually' thought of by homeless people in the same way. We are not suggesting that individual differences do not exist between users of homeless services, but are the ways in which attitudes are formed towards outreach programmes versus attitudes which might be influenced for employment training services for a given individual the same? Specifically, are the underlying 'cognitive' structures similar between various types of interventions, or are there specific differences in the ways in which services are perceived? If so, this is important in designing or monitoring service use that we know about such distinctions. Second, does well-being strengthen individuals' intentions to use services? We are arguing in this paper that well-being is an important outcome of service use; closely linked to this is the assumption that well-being might be essential in enhancing motives to engage in programmes, as people might perceive service use as a way of meeting their goals and increasing their well-being.

From our perspective, we would expect psychosocial variables, such as people's evaluations of the service programmes they intend to use, to again play an important role in shaping service engagement intentions. However, we also wondered whether individuals' problem-solving styles/counterfactual thinking (i.e. number of possible positive alternatives one can conceive of to solve a specific problem) would influence service use and ultimately well-being. Here, counterfactual thoughts refer specifically

to one's ability to consider mental alternatives for either preventing or tackling future/current housing, employment and life skills problems. By implication, this would infer that those who can create a wider range of possibilities should find it easier to tackle problems – they should be more resilient and have stronger well-being.

In this paper, we are choosing to explore counterfactual thinking rather than depression, a factor that has been well-worn in the US homelessness and well-being literature (Susser *et al.*, 1989; cf. Snow *et al.*, 1986). Our reason is that clinical depression limits the number of counterfactuals that can be created. In essence, by tapping the counterfactuals it is possible to see the extent to which one might potentially be debilitated by the affects of depression (also see Susnick, 1992). But, above and beyond that, the US literature has unequivocally found a homelessness and depression correlation, meaning that the extreme circumstances faced are very difficult, and there seems little reason to duplicate the theme from this line of research in a UK context. How people perceive their own circumstances and consider the ways in which to deal with these; and how they see service interventions benefiting or helping them to resolve some of these complex circumstances seems, however, to remain unanswered and therefore our focus. For individual homeless people, the number of positive counterfactuals that can be listed might be pertinent because, the way in which they approach and ponder their range of possible choices can be important in determining outcomes.

Addressing the former point above, in this study we implement more rigorous sampling procedures to increase the possible application of the assessment schedule. To do this, we sampled from both a larger-city centre (Birmingham) and a satellite city-centre of Birmingham (Coventry). In both, we sampled from small and larger shelter locations. Therefore, if there are differences between the two studies, this would suggest that the difference in methods, as well as the types of institutional framework imposed by location, may constrain or facilitate different psychological processes (see, Christian & Abrams, 2004; Christian *et al.*, 2007).

To ensure comparability between the findings from Studies 1 and 2, we again sought to explore our core variables of interest, although we extended this to include cognitive approach/style and the relationships to homeless people's esteem outlined above.

### *Participants*

The participants were 98 (Men = 87, Women = 11) homeless people aged 18 to 85 years old (*Mean age* = 38, *Standard Deviation* = 12.23 meaning that more than 50 per cent of the sample were between the ages of 25–50 years old) from Birmingham and Coventry, England. Participants were sampled from both these large and small city locations to account for any variation in the role and administration of service provision in the UK (Christian *et al.*, 2007; Christian & Abrams, 2004).

The participants were predominantly white British (87 per cent) men, holding some primary school education (77 per cent). The majority of participants also reported being in good physical health (i.e. they reported no medical illnesses) (70 per cent), and over 60 per cent of the sample were in receipt of housing and council tax benefits. Finally, all of the participants reported having considerable contact with services for homeless people, although only 24 per cent had never been 'street homeless'.

### *Recruiting Procedures*

Consistent with Study 1, participants were selected from sheltered accommodation and from other service locations (Toro *et al.*, 1999). Again, the same protocol was used to contact facilities and gain their agreement to take part in the study. Homeless people were recruited from 10 homeless hostels (eight serving men only and two serving both men and women). All of the hostels provide temporary accommodation to those experiencing homelessness. Staff members within hostels also offer residents support in housing access and in other issues of concern to the service user. One notable difference is that sampling was drawn from the homeless population in Birmingham and Coventry, as previously stated. In terms of attrition rates, we experienced an 81 per cent rate of participation in drop-in centres and sheltered accommodation facilities, and an 85 per cent rate of participation among participants selected from other locations.

### *Measures*

Using similar procedures to those used in Study 1, pilot interviews were conducted and the resulting information was used to construct the schedule. The scheduled interview measure explored the same key variables, with two main exceptions indicated above, thinking styles and affect or the emotional content of the housing service decision. We also were striving to make this a more robust study, so we increased the sample size and drew participants from two city locations not just one. Finally, we thought it important to tackle questions over whether homeless people view housing, support and training services through the same lens, or whether each type of intervention is actually approached very differently. To this end, we increased the number of items under each of our topic headings, and asked the participants to comment on them for each of the different types of service domains. The following items were asked and both the descriptive and quantitative information were recorded. For the main analysis we focus on the quantitative, but use the descriptive responses to help provide both ideas in terms of unpacking the findings and better insight into the directionality of the analysis we report.

*Behavioural Intention.* Behavioural intention was measured using three items. For example, 'Are you likely to (a) use this service, (b) take part in other support services,

and (c) access employment/training services in the next four weeks?' (scored 1 = *not at all* through to 7 = *very much*). The mean of the three items was taken as a measure of intention with the high score indicating positive intention to use service facilities ( $\alpha = .60$ ).

*Attitude.* Participants were presented with the statement: 'Do you think (a) using this service (b) taking part in other support services, and (c) accessing employment/training services in the next four weeks would be, bad/good, foolish/wise; un-enjoyable/enjoyable; harmful/beneficial . . . ' (scored 1 = *strongly disagree* through to 7 = *strongly agree*). The mean of the 12 items was taken as a measure of attitude with a high score indicating a positive attitude towards using service facilities ( $\alpha = .89$ ).

*Subjective Norm.* As in Study 1, participants were asked if they felt that people important to them influenced their decisions to participate in service programmes. Both referent beliefs and motivation to comply were assessed. For example, 'those who are important to me think that I should (a) use this service programme, (b) taking part in other activities, and (c) accessing employment/training in the next four weeks' (referent belief); and '(a) by using this service programme, (b) taking part in other activities, and (c) accessing employment/training in the next four weeks I want to do what pleases those who are important to me' (motivation to comply) (scored 1 = *strongly disagree* through to 7 = *strongly agree*). The mean of the 6 items was taken as a measure of subjective norms. In this case, a low score indicated high influence of social norms, whereas higher scores indicated less influence of norms over choice and participation in service programmes.

*Perceived Behavioural Control.* Six items explored perceptions of control by asking: 'Would it be easy for you to (a) use this service programme, (b) taking part in other interventions, and (c) accessing employment/training a service over the next four weeks?' (scored 1 = *not at all* through to 7 = *very much*). The mean of the items was taken as a measure of perceived control, with the high score indicates a high degree of perceived control towards using interventions facilities ( $\alpha = .63$ ).

*Social Identity as Homeless.* A three-item scale measured identification as a homeless person. It read: 'Do you identify with other "homeless people" (a) using service programme, (b) taking part in other interventions, and/or (c) accessing employment/training services?' (scored 1 = *not at all* through to 7 = *very much*). The mean of the scale items was taken as a measure of identification with a high score indicating a high degree of identity with other homeless people ( $\alpha = .80$ ).

*Social Identity with Support Workers.* A three-item scale assessed 'identification' that might be drawn from an association as a 'service user'. Items included: 'Do you feel close to your support worker (a) using service programme, (b) taking part in other interventions, and/or (c) accessing employment/training services?' (scored 1 = *not at all* through to 7 = *very much*). The mean of the scale items was taken as a measure of identification with support workers indicating a high degree of identity drawn from support workers ( $\alpha = .80$ ).



*Collective Self-esteem as Homeless.* Again, adapted from Luhtanen and Crocker's (1992) collective self-esteem scale, three items were used to assess participants' perceived esteem that might be drawn from a sense of identity with other homeless people. The three items were repeated for each of the domains targeted in the questions listed above (scored 1 = *not at all* through to 7 = *very much*). The mean of the items was taken as a measure of 'collective self-esteem', with the high score indicating a great degree of esteem derived from relationships or associations with homeless people ( $\alpha = 0.84$ ).

*Collective Self-esteem as a Service User.* Drawn from Luhtanen and Crocker's (1992) collective self-esteem scale, three items were used to assess a sense of self-esteem that might be linked to the use of services for each of the service domains (scored 1 = *not at all* through to 7 = *very much*). The mean of the items was taken as a measure of collective self-esteem derived from service use, with a high score indicating a great degree of esteem drawn from this social interaction ( $\alpha = .67$ ).

*Personal Self-esteem.* The Rosenberg self-esteem scale (1965) was used to assess personal self-esteem. All items were scored 1 (*yes/all the time*) to 5 (*no/never*). The mean of the items was taken as a measure of personal self-esteem with a mid-point score indicating a moderate degree of personal self-esteem among participants ( $\alpha = .79$ ).

*Upward Counterfactual.* Following a discussion about negative housing experiences participants were asked, 'Do you think the situation could have been avoided if only something had been different?' Responses were coded using the binary code: 0 (*did not make an upward counterfactual response*) and 1 (*made an upward counterfactual response*). Responses were also coded for the narrative content and categorised for non-parametric analysis.

*Socio-demographic Characteristics.* Participants' age, ethnicity, length of service use with the service they were sampled from, and history of homelessness and service use more generally were gathered using open-ended question items.

## Administration

As in Study 1, participants were told that their responses would remain confidential, and their participation in this study would not affect their future use of services. Structured interview measures were administered verbally and on a one-to-one basis (Christian & Armitage, 2002). In all, the measures took approximately 50–60 minutes to complete.

## Results

*Sampling location.* As in Study 1, we explored whether responses in the response patterns could be linked to the different city locations. To test this, we conducted a one-way ANOVA (Birmingham,  $N = 81$ ; Coventry,  $N = 12$ ). Aside from gender

differences owing to the disproportionate number of women sampled from Coventry (gender:  $F(1, 91) = 6.33, p < 0.05$ ), there were no other significant findings.

*Types of homelessness.* According to the housing and homelessness literature, we can expect some differences in the types of services that people use based on where they are in their pathways into and out of their homelessness. For example, those residing in temporary accommodation might use very different service interventions to those residing with friends or in shared accommodation. Subsequently, this could influence their attitudes, and potentially their intentions or esteem associated with engaging in such programmes. To further examine this, a one-way ANOVA analysis was used to compare responses from participants sampled in (a) hostel accommodation ( $N = 54$ ) and (b) non-hostel accommodation (e.g. a friend's house, precarious arrangements, and so on) ( $N = 39$ ). There were significant differences in the age group categories of participants represented, with those sampled from hostel accommodation being considerably older than those living rough and with friends  $F(1, 91) = 9.54, p < 0.01$  ( $M = 41.74$  (hostel accommodation),  $M = 34.15$  (non-hostel accommodation)). Overall, while some distinctions can be made in general, these differences are fairly minor, and hence the data were similar enough that we can pool them for further analyses.

*Descriptive findings for standardised items.* Initial multivariate analyses screened for multivariate outliers and revealed five cases that were excluded from analysis, leaving 93 cases of the 98 cases for use in the procedures (86 men, seven women). Following a series of procedures, the questions tapping the three service-use domains were collapsed into a single score for each of the variables that we asked the people about (i.e. intention, attitude, well-being, norms). The new scores for overall service interactions had good internal consistency, with Cronbach alpha (testing the internal consistency) ranging from 0.60–0.89. This allows us to know that whether homeless people are considering using housing service interventions or employment training programmes, that many of the barriers to encouraging service utilisation are the same regardless of the type of provision being discussed. Interestingly, this empirical evidence should enable us to think about the cross over effects that might also exist with encouraging and enhancing *well being as a result of the service interactions*.

### *Intercorrelations Between Core Study Variables*

Next, we looked at the Pearson-product correlations between the core variables. Of specific interest were the relationships between personal and *collective well-being*, with *attitudes*, *service-use intentions*, *perceived control* and *cognitive style/use of counterfactual thinking* (i.e. ability to create mental alternatives to solve problems). The means (i.e. average score of the participants on the scaled items), standard deviations (i.e. whether as a group the respondents were similar in their view; smaller

**Table 2.** Descriptive statistics & inter-correlations for key study variables (*N* = 93); Study 2.

Variable	Mean	Std. Dev	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Behavioural intentions	3.92	1.18	—												
2. Attitudes	5.92	1.32	.56**	—											
3. Subjective norms	0.10	0.30	-.29**	-.34**	—										
4. Perceived control	4.21	0.82	.22*	.36*	-.05	—									
5. Counterfactuals	0.61	0.49	.40**	.19	-.19	.02	—								
6. Social identity: homeless	3.58	1.80	-.06	.02	-.07	-.24*	.11	—							
7. Social identity: worker	3.44	1.66	.16	.14	-.26*	.24*	.10	-.12	—						
8. Collective esteem	5.93	1.79	.08	.27*	-.02	.10	.05	-.14	.20	—					
9. Personal esteem	2.43	0.96	-.08	-.08	-.34*	-.30	-.08	.14	.07	-.44*	—				
10. Gender <sup>3</sup>	93% Men	7% Women	.09	.08	-.09	.04	-.02	.14	.21*	-.01	.33*	—			
11. Age	38.56	12.22	-.22*	-.14	.25*	.05	-.15	-.10	.04	.07	-.10	-.11	—		
12. Ethnicity	20% Non-White	80% White	-.06	.16	-.20	.17	.04	.00	.09	-.05	.09	-.06	.02	—	
13. Service use (length)			-.03	.04	-.10	-.09	.02	-.11	-.14	.01	-.02	-.10	.05	.12	—

Notes:

<sup>1</sup>p < .05; \*\* .01.

<sup>2</sup>Data were coded Male, Female (0–1).

**Table 3.** Hierarchical regression analysis predicting behavioural intention.

Step/Predictor	<i>R</i>	<i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> ch.	<i>F</i>	<i>F</i> ch.	Df <sup>1</sup>	Beta
1. Attitudes	.57	.33	.33	21.66**	21.66	2,89	.52**
Norms							-.12
2. Attitudes	.57	.33	.00	14.33**	0.11	1,88	.51**
Norms							-.12
Perceived control							.03
3. Attitudes	.64	.40	.07	14.69**	10.92	1,87	.46**
Norms							-.08
Perceived control							.04
Upward counterfactuals							.28**
4. Attitudes	.66	.43	.03	13.01**	4.15	1,86	.47**
Norms							-.11
Perceived control							.07
Upward counterfactuals							.28**
Ethnicity							-.17*

Notes: \**p* < .05; \*\**p* < .01.

<sup>1</sup>Degrees of freedom refer to change.

standard deviations would indicate this) and inter-correlations (parametric test of the relationships between the core variables) are presented in Table 3.

Consistent with the literature, we note that people's intentions to engage with services are linked to their positive evaluations of these programmes, and largely the extent to which they can create positive solutions to their housing and training needs (e.g. Christian *et al.*, 2007). However, the link between attitudes (i.e. evaluations of the services that they use) and intention was stronger than that between perceived control and intention, suggesting that the perceived benefits of service participation were a stronger influence than perceptions of when and how they engaged with the specific programmes. Interestingly, but perhaps not surprising, there was also a strong relationship between norms and the extent to which people were able to identify with intervention workers, such that the less they saw their decisions to participate as based on their own personal histories, the more likely they were to identify with the aims of the workers. In turn this also meant that they were more likely to intend to use programmes.

*Problem Solving Style/Cognitive Style.* One of the unique features of this study is that it assesses the use of 'cognitive styles/counterfactuals' as a way to tap how homeless people frame their decisions to take part in intervention programmes. Previous research by Epel *et al.* (1999) implies that mastery over skills can strengthen perceived benefits and intentions to use housing support services in the US. We thought that it might not be a specific skills set that was strengthening the intentions of the homeless families to engage with programmes, but rather it might be as straightforward as the

types of thoughts – in this case the number of positive/creative thought strategies that one could come up with that might allow one to see interventions, and other options as part of the solution to tackling complex life circumstances. For example, the way in which homeless people conceive of their options and range of possible solutions, could play an important role in the ways in which they solve unanticipated problems. For the purpose of this study we focused on the quality and number of upward counterfactual thoughts (i.e. possible solutions thinking style/strategies) and correlated this with intentions to use services in particular. Based on previous research (i.e. Epel *et al.*, 1999), we would also think that increased positive counterfactuals/thinking styles should link to increased use of interventions, although perhaps not to their long-term use. The findings from the study suggest that the greater the number/quality of the strategies offered by the participants, the stronger their intentions to engage with intervention programmes. However, the reverse – generating negative thoughts – did not weaken service-use intentions, nor did it negatively relate to any of the other core concepts we investigated.

*Well-Being.* In this paper, we argue that well-being can be thought of both in terms of the influence of collective/group and personal esteem components. Our reasoning for exploring each is that people engaging with services might be forming a new community within the services, which contribute to their well-being; this sense of ‘valuedness’ could be very different from the sense of achievement they feel as individuals. First, we examined our thought that personal well-being/esteem and collective well-being/esteem might be conceptually separate concepts and not tapping a ‘single’ type of well-being for the participants. There is a negative correlation between collective and personal esteems, indicating that they diverge and do not work together to influence decisions or outcomes of the participants. Higher collective esteem is related to more positive attitudes. In other words, the more positive one’s evaluation of the intervention programme, the more likely one is to draw a sense of worth from the interactions. Enhanced personal esteem is associated with increased sense of normative identification (i.e. influence of others important to the person).<sup>2</sup> It would seem that the maintenance of personal relationships represents an essential milestone for homeless people, but that this personal achievement does not directly equate into increased engagement with the service provision community as collective esteem would appear to.

### *Prediction of Intention*

One of the main questions guiding this study was whether our core variables could predict intentions to use service interventions. To test this, a hierarchical regression was used to explore whether these variables accounted for a significant portion of the variance in participants’ intentions (see Table 3). That means we used a parametric procedure that assumes the relationship(s) between the variables is linear; and it also

tests the unique contribution of each variable (entered on the steps) to the overall goal of predicting intentions to engage with services. It allows us to understand whether certain factors enhance our knowledge, or whether they play a fairly insignificant role in the more global picture.

In the regression equation, at Step 1, we entered attitudes (i.e. perceived benefit of service use) and social norms (influence that social norms might have in determining whether one uses interventions or not, using intention as the dependent measure). However, only attitudes emerged as a significant predictor of intention, explaining 33 per cent of the variance in intentions ( $\beta = .52, p < 0.001$ ). Then, at Step 2, perceived control was entered into the equation, but it did not add any additional explained variance ( $\beta = .03, p > 0.05$ ). The cognitive thinking styles were entered at Step 3 to examine the contribution of this to predicting participants' intentions. Cognitive styles added an increment of 7 per cent ( $\beta = .28, p < .01$ ). Finally, the socio-demographic variable ethnicity was entered on Step 4 of the regression equation. Ethnicity accounted for an additional 3 per cent of the explained variance in participants' intentions to use services ( $\beta = -.17, p < .05$ ).

In the final regression equation, the perceived benefit of service use upward counterfactuals and ethnicity emerged as the only significant predictors of intention explaining 43 per cent of the variance in participants' intention to use services (see Table 3). Thus, the more positive the evaluation of the programme services, the more frequently the participant used creative strategies to think about and problem solve their housing crises, and the more likely the people were to intend to take part in service interventions. Importantly, on the surface well-being is not captured as an outcome that determines service-use intentions. One plausible argument is that intentions are not the best measure of service use. But, there is also a more compelling way to look at the responses and to detect how well-being has a very measureable effect on intentions to use services. We examine this through the use of mediating analysis below.

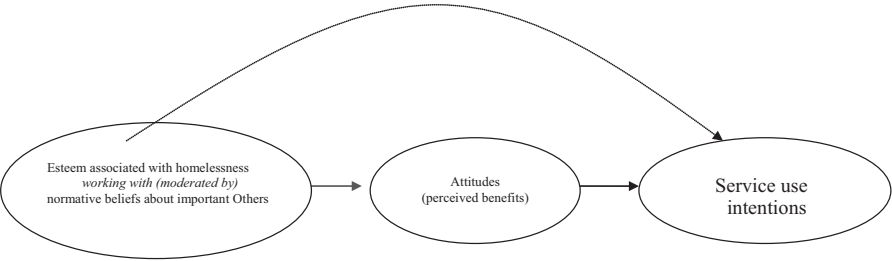
#### *Mediating Relationship of Attitudes for Esteem and Service-use Intentions*

In the absence of a direct relationship between esteem – collective or personal – and intentions, we explored whether there was a mediated relationship with collective esteem and norms, since both of these are correlated with one another; and because norms are further associated with both attitudes and service-use intentions. By mediation, we mean that we are exploring if there is another factor that actually facilitates the relationship/outcome, and in the absence of this the association, the relationship does not appear. (There is no scope to test where other factors, attitudes, norms, identification, mediate the connection between esteem and intentions.) We were looking to explore whether 'personal evaluations of services' mediated the influence of 'collective esteem' when it was moderated by high levels of individualism (a social norm amongst homeless people which results in them distancing themselves from others, rather than being able to create norms which might cause a level of vulnerability)

on service-use intentions. In other words, while we do not see the direct influence of esteem on intentions, we see that esteem affects evaluations of programmes; and these evaluations and individualistic norms are both related to intentions – but in this is a complex set of interlinked ideas determining underlying motives to engage with providers.

To test mediation, one first regresses the independent variable on the mediator; and then regresses the independent variable and the mediator on the dependent variable (see Preacher & Hayes, 2008). In this context, we first ran a regression analysis with attitudes using attitudes towards services as the independent variable and collective esteem  $\times$  individualism as the dependent variable. Next, we conducted a second regression analysis entering both the participants' attitudes towards service use (independent variable) coupled with collective esteem (presumably drawn from identification with homeless people) moderated by their reported level of individualism (mediator) on intentions to use services. The outcome of the analysis indicates that homeless people's esteem comes into play when there is a decrease in the sense of 'individualism and social distancing' norms that prohibits a sense of connection to others. When the sense of feeling that others' influence can be an important influence on service engagement, then we see that a sense of valuedness follows; this explains the relationship between collective esteem and norms. This conjunction – norm moderated by esteem – in turn leads people to perceive benefits offered by the services. To examine this analytical path and the affect of this on service-use intentions, we examined the difference between the regression coefficients for the total effect of collective esteem by norms (the combination – moderated relationship) on attitudes, and the unique effect of collective esteem by norms on intentions once the effects of the attitudes/personal evaluations were accounted for. The former analysis corresponds to raw correlations in Table 2 and the latter to the final step of the regression in Table 3 and reported below. However, to conduct mediation analyses we used the unstandardised regression coefficients and standard errors, as recommended by Baron and Kenny (1986) and further tested the significance of the direct and indirect effects, meaning the strength of each variable's relationship to each other (Preacher & Hayes, 2008).

What we find is that people's evaluations of the benefits of services/attitudes to take part in intervention programmes mediate the effect of their 'collective esteem' (when moderated by norms) on their 'service-use intentions'. The total effect of variables on people's service-use intentions was significant (0.44,  $t = 3.14$ ,  $p < .003$ , as was the direct effect of norms by collective esteem on individuals' attitudes (0.46,  $t = 2.79$ ,  $p < .01$ ), the mediator; and of people's attitudes on 'service-use intentions' (0.43,  $t = 5.40$ ,  $p < .001$ ). The total effect of norms by collective esteem on 'service-use intentions' was reduced when the mediator was accounted for (0.24,  $t = 1.86$ ,  $p = .067$ ). The indirect effect of attitudes was significant, showing significant mediation,  $Z = 2.41$ ,  $p = .02$ . Thus, altogether, these analyses lead us to conclude that evaluations of services/attitudes mediated the effect of the collective esteem/reduced individualism norm on intentions to engage in services. Here, the responses from



**Figure 1.** Diagram of attitudes partially mediating the effects of norms and well-being on service use intentions.

the homeless detail the complexity of the relationship between attitudes, norms, underlying motivations, and sense of esteem (see Figure 1).

### Conclusion

This paper has sought to examine the impact of a number of well-being factors on the use of services by homeless people. The studies reported show that these factors are important, but that their impact is very difficult to disentangle because of the complex relationships involved. Clearly, the way potential users view services and their potential benefit is very important in influencing service use. However, these views are themselves the product of a complex set of feelings, attitudes, identifications, and ways of thinking. We have started to unpick these relationships in this paper, but clearly much more research needs to be done to complete the picture. In particular, there is a need for a mix of quantitative and qualitative research methods to help to unravel the complex interactions.

A major outcome of the studies reported here is the identification and measurement of the factors involved. This gives a substantial base of concepts and research tools for others to use in further research. Also, it gives agencies working with homeless people some tools to guide their assessment of what is needed for each individual. The complex web of factors involved in influencing service use and their inter-relationship show the importance of focusing on the individuals concerned and their personal feelings, attitudes and identifications. Without this focus services may not achieve their desired outcomes. What is not clear from our research is whether interventions designed to focus on activities that might increase esteem would aid people in seeing the benefits of the programmes sooner. But, we can identify that the path into productive engagement is a complex one and takes time. It is a potentially important hypothesis that a focus on well-being factors at the outset of intervention with homeless people is a prerequisite of effective service use and impact. Many agencies working with homeless people realise this and spend considerable time and effort in engaging with the homeless person in an individual and personal way.



Without tackling the complex of well-being factors it seems unlikely that more practical outcomes can be achieved. Homeless people need to actively engage with services that they view as useful for practical outcomes to be achieved.

The paper has explored the impact of well-being factors on service use by homeless people. It has shown evidence for the importance of these factors, but has not found clear and simple relationships. Well-being is a multi-faceted and complex web of concepts that are interdependent. However, it is clear that the design and implementation of service intervention programmes needs to engage with them as they are articulated by each individual if satisfactory outcomes are to be achieved.

## Notes

1. The normative identification is reverse coded, so that a higher score means that the individual is less likely to consciously allow others to influence their use of programmes.
2. The alpha coefficient an inter-correlation between items; it indicates the extent to which they are related is consistent with the cut-offs published by Nunnally (1978). This applies to each of the scales that we have tested and demonstrates that the scales are reliable.

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